FOR INSTRUCTIONS, SEE BACK OF FORM

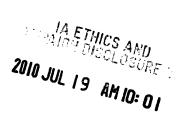
DISCLOSURE SUMMARY PAGE

File with: lowe Ethics and Campaign Disclosure Beard 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.



	120000		
COMMITTEE NAME (Must be same as on Statement of	Organization)		
BULL FOR COUNTY ATTORNEY	1 -	ORM	
IMPORTANT: Indicate by # type of committee you are reporting	–	R-2 DISCLOSURE	
(1) Statewide/Legislative/Judge Standing for Retention Candidat	e (2)State PAC (3)State Party	(Rev	/. 12/2009) REPORT
(4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) Sch	endidate (7) School Board of Other Political rool Board of Other Political Subdivision PAC (FOR	Office Use Only
11) Local Ballot Issue	Com	m.#	
CANDIDATE COMMITTEES ONLY:		Logg	red In 5
Candidate Name	Political Party (if applicable) Republican	Scar	nned 5
Ed Bull	Republican	Com	puter
Office Sought Marion County Attorney	Audi	ted	
ate reports are subject to possible civil and criminal penalties and idea of any other type and idea of any other type	Pursuant to lowa Code sections 688.32A(7) and committee, is the individual responsible for SIS \$48 32.11	filing time	401(3), the candidate, for a ely and accurate reports. 7-18-20:0
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
SIGNATURE OF PERSON HEIMS REPORT	TEES TOTAL		
AM FILING A July 19, 2010	REPORT FOR (1) ELECTION /(2)	NÔN-EL	LECTION YEAR.
(report date)	Indicate by # 1]	
CHECK IF AMENDMENT TO REPORT DATED	Loc	al Commi	litees, enter Date of Election
Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	40-41	mty & Loc ch Electio	cal Committees, enter County in on is held
STATEMENT OF CASH ON H	AND		
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	\$	2,377.76
ADD TOTAL MONEY TAKEN IN THIS PERIOD			1,205.00
Schedule A: Cash Contributions total (Attach S			
Schedule F: Loans Received total (Attach Sche			0.00
Schedule H; Total Sales of Campaign Property	(Attach Schedule H)	•••••	0.00
(Schedule H applies to Candidates'	Committees Only) SUB-TOTAL	\$	3,582.76
SUBTRACT TOTAL MONEY SPENT THIS PE	RIOD		
Schedule B: Expenditures total (Attach Schedu	lie B) (**also see debts and loans below)	154414	2,137.17
Schedule F: Loan Repayments total (Attach Sc			0.00
CASH ON HAND at the end of this reporting period (if fin			1,445.59
**UNPAID BILLS (From Schedule D - Attach Schedule D			
"IN KIND CONTRIBUTIONS (From Schedule E - Attach			235.00
**OUTSTANDING LOANS (From Schedule F - Attach Sc	chedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		_	_YES <u>√</u> NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H	- Attach Schedule H)	\$	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

MONETARY

SCHEDULE

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Rev. 07/03) RECEIPTS (including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM **BULL FOR COUNTY ATTORNEY**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR- FUND- RAISER INCOME
06/14/2010	ID# CK#	CHRIS MAKRIS, 811 BURR OAKS DRIVE, WEST DES MOINES. IOWA 50266		\$100.00	
06/14/2010	ID# CK#	MATTHEW LINDHOLM, 114 SW 52ND STREET, DES MOINES, IOWA 50312		\$75.00	
06/14/2010	ID# CK#	DAVID NELMARK, 13112 HAMMONTREE DR., URBANDALE, IOWA, 50323		\$250.00	
06/14/2010	ID# CK#	PAUL SCOTT, 1001 OFFICE PARK DRIVE, #108, WEST DES MOINES, IOWA 50265		\$200.00	
07/13/2010	ID# CK#	JESS VILSACK, 529 60TH STREET, DES MOINES, IOWA 50312		\$50.00	
07/13/2010	ID# CK#	JESSICA TUCKER, 6250 BEECHTREE DR., WEST DES MOINES, IOWA 50266		\$30.00	
07/13/2010	ID# CK#	EDWARD BULL, 14106 CODY, ST. OVERLAND PARK, KS 66221	FATHER	\$500.00	
	ID# CK#				
	ID#				
	ID#				
			SUB-TOTAL	\$ 1205.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

1205.00

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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10.10	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

BULL FOR COUNTY ATTORNEY

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/21/2010	ID# CK#114	UNITED STATES POSTAL SERVICE, PLEASANTVILLE, IOWA, 50225	STAMPS	\$ 220.00
5/26/2010	ID# CK# 115	MARION COUNTY NEWS. PLEASANTVILLE IOWA, 50225	LEASANTVILLE IOWA,	
5/26/2010	ID# CK# 116	ED BULL, 102 S. WATKINS, PLEASANTVILLE, IOWA 50225	REIMBURSEMENT FOR SIGNS (50 SIGNS / 25 POSTS)	643.47
6/19/2010	ID# CK# ₁₁₇	CARTER PRINTING, 1739 EAST GRAND, DES MOINES, IOWA, 50316	POST CARDS	179.09
6/25/2010	ID# CK# ₁₁₈	CARTER PRINTING, 1739 EAST GRAND, DES MOINES, IOWA 50316	POST CARDS	10.75
6/25/2010	ID# CK#119	LUCAS HELLING, 2191 SW3RD, ALTOONA, IOWA, 50009	ASSISTANT CONTRACT	500.00
6/25/2010	ID# CK# ₁₂₀	RAMAEKER SCREEN PRINTING, 1420 110TH PLACE, KNOXVILLE, IOWA 50138	TSHIRTS	324.21
6/25/2010	ID# CK# 121	UNITED STATES POSTAL SERVICE, PLEASANTVILLE, IOWA 50225	PO BOX RENTAL (6 MONTH)	14.00
			SUB-TOTAL	\$ 1902.02

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/emitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD,

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

BULL FOR COUNTY ATTORNEY

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBÉ TRANSACTION)	AMOUNT EXPENDED
6/28/2010	ID# CK#122	SAMS CLUB, 1101 73RD, DES MOINES, IOWA 50311	PARADE CANDY	\$ 120.62
7/13/2010	ID# CK# 123	CARTER PRINTING, 1739 EAST GRAND, DES MOINES, IOWA 50316	PARADE BANNER	114.48
	ID# CK#			
	1D#			
· -	CK#			
	ID# CK#			
***	ID#			
	CK#			
	ID# CK#			
	ID#			
	CK#			

TOTAL ((if last	page	of this	schedule

\$ 235.10

\$ 2137.12

THIS BOX APPLIE	S TO	CANDIDATES	'COMMITTEES	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	2	of 2
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FOR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	,
COMMITTEE NAME (Must be same as on Statement of Organization) BULL FOR COUNTY ATTORNEY		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
	Reselvoin		CTHIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if spp[cable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7/4/2010	BILL NYE, 144 GENEVA, PLEASANTVILLE. IOWA 50225		USE OF TRACTOR AND HAYRACK,	\$ 35.00	
7/4/2010	ED BULL, 102 S. WATKINS, PLEASANTVILLE, IOWA 50225	CANDIDATE	CANDY FOR PARADES	200.00	
SUB-TOTAL					
TOTAL (if last page of this schedule)				\$ 235.00	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)